

HOW TO SUBMIT UB-92 BILLS TO ACS

The following services should be billed on the UB-92 Form:

General Hospital

Hospice

Nursing Home

As a provider, you have the option of sending your bills either electronically or by paper.

PAPER BILLS SHOULD BE SENT TO:

US Department of Labor
P O Box 8300
DFEC Central Mailroom
London, KY 40742-8300

ELECTRONIC BILL SUBMISSION

Submitting DOL bills via electronic media offers the advantage of speed in processing. Providers may submit electronic bills or choose a billing agent that offers electronic bill submission services. Billing agents must enroll as DOL providers.

The Electronic Data Interchange (EDI) Support Unit assists providers who have questions about electronic bill submission. ACS's EDI Support Unit is available to all providers Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Standard Time at 800-987-6717.

EDI Support will:

- Provide information on available services.
- Assist in enrolling users for electronic bills submission and report retrieval.
- Process test transmissions.
- Provide technical assistance on transmission difficulties.

AUTHORIZATION REQUIREMENTS

The FECA Program pays for medical services rendered for work-related injury or disease. Some services require prior authorization. Listed below are some of the services that require prior authorization:

°All inpatient admissions

°Some durable medical equipment

°Emergency admissions within 48 hours of admission

°All surgical procedures

°MRIs and CT scans

°Home health services

°Physical therapy services - Physical therapy authorization requests must be accompanied by a physician's prescription and a treatment plan. Authorization will be given for the number of modalities to be done per day and the number of days requested.

°Anesthesia CPT codes 01995 and 01996

Routine services such as office/clinic visits, plain x-ray films and laboratory service do not require prior authorization.

Please call (866) 335-8319 or fax (800) 215-4901 to request an authorization.

BILLING REQUIREMENTS

1. **All bills must contain the Federal Employees' Compensation (FECA) 9-digit case number of your patient or client.**
2. Laboratory, x-ray, physical therapy, and clinical test such as ECGs, etc. must be identified with the correct CPT code.
3. Facility charges for ambulatory surgical center/outpatient surgery billing must be billed using the surgical CPT code. Modifier SG should not be used.
4. Please refer to the attached UB-92 list and the required fields for additional instructions.

UB-92 CLAIM ITEM	TITLE	ACTION
1	Provider Name, Address, and Telephone Number	Enter the provider's name and address as well as the telephone number.
2	Claim Reference Number and Financial Classification Code	No entry required.
3	Patient Control Number	Enter the claimant's Patient Control Number. This item is optional.
4	Type of Bill	Enter the appropriate three-digit code for the Type of Bill.
5	Federal Tax Number	Enter the Federal Tax Number
6	Statement Covers Period	Inpatient: Enter the beginning and ending service dates for this bill in month, day, and year format: MM/DD/YY.
7	Covered Days	Mandatory for Inpatient Interval must be verified.
8	Non-Covered Days	No entry required.
9	Co-Insurance Days	No entry required.
10	Lifetime Reserve Days	No entry required.
11	Untitled	No entry required.
12	Patient Name	Enter the claimant's last name, first name.
13	Patient's Address	Enter the claimant's address. (Optional)
14	Patient Birth Date	Enter the patient's date of birth in MM/DD/YY format.
15	Patient Sex	Enter the letter "M" if the patient is male or the letter "F" if the patient is female.
16	Patient Marital Status	No entry required.
17	Admission Date	Inpatient: Enter the patient's date of admission in MM/DD/YY format.

UB-92 CLAIM ITEM	TITLE	ACTION
18	Admission Hour	Inpatient: Enter the code for the hour of admission converted to 24-hour time.
19	Type of Admission	1 Emergency 2 Urgent 3 Elective 4 Newborn
21	Discharge Hour	Not required.
22	Patient Status	<u>Patient Status Codes:</u> 01 Discharged to home or self care (routine discharge) 02 Discharged/transferred to another short-term general hospital for inpatient care 03 Discharged/transferred to skilled nursing facility 04 Discharged/transferred to an intermediate care facility 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06 Discharged/transferred to home under care of organized home health service organization 07 Left against medical advice or discontinued care Outpatient: No entry required
23	Medical/Health Record Number	No entry required.
24-30	Condition Codes	Not required.
31	Untitled	No entry required.
32-35 A, B	Occurrence Code and Dates	No entry required.
36 A, B	Occurrence Span Code and Dates	No entry required.

UB-92 CLAIM ITEM	TITLE	ACTION
37	Internal Control Number (ICN)/ Document Control Number (DCN)	No entry required.
38	Responsible Party Name and Address	No entry required.
39-41 A, B, C, D	Value Codes and Amounts	No entry required.
42	Revenue Code	Enter the appropriate three-digit revenue code(s) itemizing all services and/or items furnished to the patient in your facility.
43	Revenue Description	Enter a written description of the related revenue categories included on this bill.
44	HCPCS/Rates	Inpatient: No entry required. Outpatient: Enter the corresponding five-digit CPT-4 code or HCPCS, if the revenue code requires a CPT code.
45	Service Date	No entry required for inpatient.
46	Service Units	Inpatient: Enter the number of units of service and number of days for accommodations. A late discharge may not be billed as an additional day. Outpatient: Enter the units of service for each revenue code.
47	Total Charges	Enter the total charge for each revenue code or procedure code entry. This entry must be the sum of the individual charges. Decimal Point required (999999.99)
48	Non-Covered Charges	No entry required.
49	Untitled	No entry required.
50 A, B, C	Payer Identification	Enter the name and, if required, number identifying each payer organization from which the provider might expect payment for the bill. Medicare provider number must be submitted on B when billing for inpatient services.

UB-92 CLAIM ITEM	TITLE	ACTION
51	Provider Number	Enter the provider's nine-digit DOL provider number as found in your Welcome packet. Inpatient: Must include the DOL ID number and the Medicare number.
52 A, B, C	Release of Information Certification Indicator	No entry required.
53 A, B, C	Assignment of Benefits Certification Indicator	No entry required.
54 A, B, C	Prior Payments	Enter the total amount due from any carrier.
55 A, B, C	Estimated Amount Due	No entry required.
56 A, B, C	Untitled	No entry required.
57	Due From Patient	No entry required.
58 A, B, C	Insured's Name	Enter the insured's last name first.
59 A, B, C	Patient's Relationship to Insured	No entry required.
60 A, B, C	Certificate/Social Security Number/ Health Insurance Claim/Identification Number	Enter the FECA case number.
61 A, B, C	Insurance Group Name	No entry required.
62 A, B, C	Insurance Group Number	No entry required.
63 A, B, C	Treatment Authorization Code	No entry required.
64	Employment Status Code	Not required.
65	Employer Name	No entry required.
66	Employer Location	No entry required.

UB-92 CLAIM ITEM	TITLE	ACTION
67	Principal Diagnosis Code	Enter the ICD-9-CM code describing the principal diagnosis.
68-75	Other Diagnoses (Other Than Principal)	Enter the ICD-9 codes as appropriate.
76	Admitting Diagnosis	Enter the admitting diagnosis.
77	External Cause of Injury (E-Code)	No entry required.
78	Untitled	No entry required.
79	Procedure Coding Method Used	Indicator for type of code used in Field 80 and 81.
80	Principal Procedure Code and Date	Inpatient and Outpatient: Enter the code identifying the principal ICD-9-CM surgical procedure and the date on which the principal procedure was performed. Enter the date in MM/DD/YY format.
81 A, B, C, D	Other Procedure Codes and Dates	Inpatient and Outpatient: Enter the codes identifying the procedures, other than the principal procedure, performed during the billing period covered by this bill and the dates on which the procedures (identified by the codes) were performed.
82	Attending Physician ID	No entry required.
83	Other Physician ID	No entry required.
84 A, B, C, D	Remarks	No entry required.
85	Provider Representative Signature	Signature stamp is acceptable.
86	Date Bill Submitted	Enter the date the bill is submitted in month, day, and year format.
Multiple Page Bills		On multiple page bills, all required fields must be completed on the final page of the bill. Enter the page number and the total number of pages on the bottom of each bill page. For example, the first page would be numbered Page 1 of 2, the second page, Page 2 of 2.